

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

684691

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5	1					
6	1					
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15	1					
16		1				
17	1					
18		2				
19		1				
20	1					
21	1					
22		1				
23	1					
24		1				
25	1					
26		1				
27		1				
28		1				
29		2				
30		1				
31	1					
32		1				
33		1				
34		1				
35		1				
36		1				
37		1				
38	1					
39	1					
40		1				
41		1				
42		1				
43		1				
44		1				
45		2				
46		2				
47	1					
48	1					
49		2				
50	1					
TOTAL IND.			↓	↓	↓	
TOTAL DEP.			↔	↔	↔	
TOTAL CLAIMS						

3/9

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52	1					
53	1					
54		2				
55		1				
56		1				
57		2				
58		2				
59		1				
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	19		↓			
TOTAL DEP.	36		↔		↔	
TOTAL CLAIMS	55		↓			

(48)

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS